



**PERMIT APPLICATION - GRAIN, FEED, FERTILIZER OPERATIONS**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**DIVISION OF AIR QUALITY**  
SFN 8524 (12-05) AP 104

**GENERAL**

|                                    |       |                      |                  |
|------------------------------------|-------|----------------------|------------------|
| Name of Firm or Organization       |       | Date of Construction |                  |
| Person Submitting Application      | Title | Telephone Number     |                  |
| Person to Contact on Air Pollution | Title | Telephone Number     |                  |
| Mailing Address                    | City  | State                | Zip Code         |
| Plant Location (No. & Street)      | City  | State                | Zip Code         |
| Plant Location                     | 1/4   | Sec.                 | Twp. Rge. County |

**PROCESSES TO BE PERFORMED AT FACILITY ("X" all that apply and complete attached tables.)**

| GRAIN HANDLING AND PROCESSING  | FEED PROCESSING   | FERTILIZER HANDLING AND MIXING   |
|--|---|--|
| <input type="checkbox"/> Receiving and Shipping<br><input type="checkbox"/> Grain Cleaning<br><input type="checkbox"/> Grain Drying<br><input type="checkbox"/> Grain Polishing<br><input type="checkbox"/> Grain Milling<br><input type="checkbox"/> Grain Scalping | <input type="checkbox"/> Feed Grinding<br><input type="checkbox"/> Feed Rolling<br><input type="checkbox"/> Feed Mixing or Blending<br><input type="checkbox"/> Hammermill Operations | <input type="checkbox"/> Blending and Mixing<br><input type="checkbox"/> Bagging<br><input type="checkbox"/> Bulk Selling<br><input type="checkbox"/> Bagged Fertilizer Buying - Selling<br><input type="checkbox"/> Liquid Fertilizer Blending - Mixing<br><input type="checkbox"/> Liquid Fertilizer - Selling |

**OPERATIONS**

| OPERATING SCHEDULE  | HOURS PER DAY | DAYS PER WEEK | WEEKS PER YEAR | PERCENT OF OPERATION |         |   |         |
|---|---------------|---------------|----------------|----------------------|---------|---|---------|
|   |               |               |                | JAN-MAR              | APR-JUN | JUL-SEP                                   | OCT-DEC |
| GRAIN HANDLING  |               |               |                |                      |         |   |         |
| FEED PROCESSING   |               |               |                |                      |         |   |         |
| FERTILIZER HANDLING   |               |               |                |                      |         |   |         |
| TYPES OF GRAIN HANDLED:<br><input type="checkbox"/> Wheat <input type="checkbox"/> Barley <input type="checkbox"/> Corn <input type="checkbox"/> Edible Beans <input type="checkbox"/> Other _____<br><input type="checkbox"/> Oats <input type="checkbox"/> Rye <input type="checkbox"/> Flax <input type="checkbox"/> Soy Beans <input type="checkbox"/> Sunflowers |               |               |                |                      |         | Annual Throughput of Grain<br><br>Bushels |         |

I undersigned owner/applicant, or authorized representative of the applicant is fully aware that the statements made in this form and the attached exhibits and statements constitute the application for a Permit to Construct and/or a Permit to Operate from the North Dakota Department of Health, and certifies that the information is true, correct, and complete to the best of his/her knowledge and belief.

NOTE: Authorized representative of application must attach a Letter of Authorization

|                             |      |
|-----------------------------|------|
| Signature of Applicant<br>X | Date |
|-----------------------------|------|

## INSTRUCTIONS

Complete one form for each grain elevator, feed plant or fertilizer plant your company intends to operate (or continue operating). If an item on the form does not apply to your application, enter "NA" - do not leave an area on the form blank.

Submit plans and flow diagrams along with this form if such illustrations will help to explain your facility and its dust control equipment. Plans which show house dimensions, equipment location, air duct dimensions, air velocities, and dust control system layouts will facilitate an expeditious evaluation of your dust control equipment.

If the person submitting and signing these forms is not the owner or authorized company official, a letter of authorization signed by the owner, or authorized company official must accompany the application. Such a letter or authorization will not relieve the owner or company of the responsibility for complying with the provisions of Chapter 23-25 of the North Dakota Century Code and all the rules and regulations of the Department, or revisions thereof.

Submit your application and all documents to:

ND Department of Health  
Division of Air Quality  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1947

(701)328-5188





**DUST CLEANING EQUIPMENT** (Specify dust concentration units - )

| SYSTEM ID NO.     | TYPE<br>(CYCLONE,<br>BAG, FILTER,<br>ETC.) | MANUFACTURER | MODEL | GAS CONDITIONS         |           |             |            |              |             |            |              | STACK<br>HEIGHT<br>(FEET) |
|-------------------|--|--------------|-------|------------------------|-----------|-------------|------------|--------------|-------------|------------|--------------|---------------------------|
|                   |  |              |       | CLEANING<br>EFFICIENCY |           | INLET       |            |              | OUTLET      |            |              |                           |
|                   |  |              |       | DESIGN                 | OPERATING | VOL<br>ACFM | VEL<br>FPM | DUST<br>CONC | VOL<br>ACFM | VEL<br>FPM | DUST<br>CONC |                           |
| Dust System #1    |  |              |       |                        |           |             |            |              |             |            |              |                           |
| Dust System #2    |  |              |       |                        |           |             |            |              |             |            |              |                           |
| Dust System #3    |  |              |       |                        |           |             |            |              |             |            |              |                           |
| Dust System #4    |  |              |       |                        |           |             |            |              |             |            |              |                           |
| Cleaner System #1 |  |              |       |                        |           |             |            |              |             |            |              |                           |
| Cleaner System #2 |  |              |       |                        |           |             |            |              |             |            |              |                           |
|                   |  |              |       |                        |           |             |            |              |             |            |              |                           |

**FAN INFORMATION** (Enter Dust System Identification No. from above)

| FAN MANUFACTURER | MODEL | DUST SYSTEM<br>ID NO. | AIR FLOW VOLUME<br>(ACFM) | FAN SPEED<br>(RPM) | HORSEPOWER |
|------------------|-------|-----------------------|---------------------------|--------------------|------------|
|                  |       |                       |                           |                    |            |
|                  |       |                       |                           |                    |            |
|                  |       |                       |                           |                    |            |
|                  |       |                       |                           |                    |            |
|                  |       |                       |                           |                    |            |
|                  |       |                       |                           |                    |            |

Describe where dust is stored and how it is disposed of:

[illegible]